



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

Texas Health of Plano

**Respondent Name**

Plano Independent School District

**MFDR Tracking Number**

M4-17-3864-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

August 29, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "991 – Underpaid/denied APC: Original claim was denied for timely filing – Please be advised this claim was originally mailed on 10/31/16, just 12 days after the DOS. Claim was submitted on 12/22/16 and again on 2/16/17. Since claim was not mailed certified, the only proof we have of timely filing is the attached screen shot of notes in our system."

**Amount in Dispute:** \$1,204.69

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Please see the EOB(s) and the reduction rationale(s) stated therein. The provider did not timely submit a complete medical bill."

**Response Submitted by:** Flahive, Ogden & Latson

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 19, 2016	70486, 99284	\$1,204.69	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the requirements for medical bill submission by health care providers.
3. 28 Texas Administrative Code §133.10 sets out required billing forms for medical bills.
4. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - 29 – The time limit for filing has expired

- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly
- Notes: The information submitted is not valid proof of timely submission

### **Issues**

1. Did the requestor support timely submission of medical bills?

### **Findings**

1. The requestor is seeking reimbursement for outpatient hospital services rendered on October 19, 2016 in the amount of \$1,204.69.

The insurance carrier denied disputed services with claim adjustment reason code 29 – “The time limit for filing has expired.”

The requestor states, “Please be advised this claim was originally mailed on 10/31/16, just 12 days after the DOS. Claim was also submitted on 12/22/16 and again on 2/16/17.”

Review of the submitted documentation found a letter addressed to Plano ISD dated October 31, 2016 and a letter addressed to Plano ISD on December 22, 2016. The carrier responded to the October 31, 2016 letter asking for “a correct and complete UB 04 or CMS 1500 pertaining to the date of injury listed above and medical documentation...” The carrier responded to the letter dated December 22, 2016 on January 5, 2017 asking for submission of “a correct and complete UB 04 or CMS 1500 pertaining to the date of injury listed above and medical documentation...”

28 Texas Administrative Code §134.10 (b) states in pertinent part,

Except as provided in subsection (a) of this section, health care providers, including those providing services for a certified workers' compensation health care network as defined in Insurance Code Chapter 1305 or to political subdivisions with contractual relationships under Labor Code §504.053(b)(2), shall submit paper medical bills for payment on:

- (1) the 1500 Health Insurance Claim Form Version 02/12 (CMS-1500);
- (2) the Uniform Bill 04 (UB-04); or
- (3) applicable forms prescribed for pharmacists, dentists, and surgical implant providers specified in subsections (c), (d) and (e) of this section.

28 Texas Administrative Code §133.20 (b) states in pertinent part,

Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Review of the submitted documentation found a UB-04 for the date of service in dispute with a creation date of June 29, 2017. This creation date is after the 95 day time limit.

As no other documentation was found to support a medical bill was submitted that meets the requirements of 28 Texas Administrative Code 134.10 (b) and 28 Texas Administrative Code §133.20(b), the carrier’s denial is supported.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

## ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031, the division hereby determines the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

### Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	_____ September 21, 2017 Date
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### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**